

Child Health and Disability Prevention (CHDP) Program REPORT OF DISTRIBUTION

Purpose of form and instruction for use:

- The purpose of the report form is to confirm distribution of CHDP policy information to providers participating in the CHDP program by the Local Health Department CHDP Program. Submission of the report form provides documentation of the date of distribution of Provider Information Notices.
- Please ensure that the CHDP Provider Information Notice is distributed to participating CHDP providers within 30 days of the date of release by the Children’s Medical Services (CMS) Branch.
- This form is to be completed after you have distributed the CHDP Provider Information Notice.
- A copy of this form is to be retained by the Local Health Department CHDP Program. Please do not submit a copy to the CMS Branch.

PLEASE NOTE THAT NO CHANGE IS TO BE MADE IN THE PROVIDER INFORMATION NOTICE OR ATTACHMENT.

THANK YOU.

Report of Distribution of:

CHDP Program Letter number _____ and Provider Information Notice number _____

THIS PROVIDER INFORMATION NOTICE WAS SENT TO PROVIDERS IN

_____ on _____
CHDP County/City Program Date

Name of Program Representative (Print) Title

Signature of Sender Date

Please note: To update local program contact information (e.g., address, telephone, email address, director or deputy director name), please follow the instructions on page one of the **Children’s Medical Services Directory**. The directory can be found under “Forms and Publications” at www.dhcs.ca.gov/chdp. To open the directory, enter the case-sensitive password: CMS#directory.